

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/575195

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4	1						54		1				
5	1						55		1				
6		1					56		1				
7		1					57		1				
8		3					58		1				
9		3					59		1				
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20		3					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		3					75						
26		2					76						
27		3					77						
28		3					78						
29	1						79						
30		1					80						
31		1					81						
32	1						82						
33	1						83						
34		1					84						
35		1					85						
36		3					86						
37		3					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		2					93						
44		3					94						
45		3					95						
46		3					96						
47		2					97						
48		3					98						
49	1						99						
50		1					100						
TOTAL IND.	7						TOTAL IND.	7					
TOTAL DEP.	113						TOTAL DEP.						
TOTAL CLAIMS	120						TOTAL CLAIMS						